



555 WRIGHT WAY
CARSON CITY, NV 89711
Reno/Sparks/Carson City (775) 684-4DMV (4368)
Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada or Out of State (877) 368-7828
www.dmvnv.com

CERTIFICATE OF INSPECTION / AFFIDAVIT OF CONSTRUCTION

☐ Rebuilt Salvage Vehicle ☐ Reconstructed Vehicle ☐ Specially Constructed ☐ Low Speed Vehicle

PART I

SAFETY INSPECTION

Must be completed by a Nevada Registered Garage or Licensed Nevada Body Shop

Important: If any information needs to be changed a new form must be completed. No corrections are allowed.

Year _____ Make _____ Model _____ Type _____

Vehicle Identification Number _____
****ALL INSPECTION ITEMS MUST BE CHECKED ✓ PASS INDICATING THE ITEM IS IN A SAFE OPERATING CONDITION BEFORE THIS VEHICLE CAN BE REGISTERED AND/OR TITLED. IF ANY INSPECTION ITEMS ARE MARKED FAIL OR NOT MARKED THE FORM WILL NOT BE ACCEPTED BY THE DEPARTMENT OF MOTOR VEHICLES. ANY FAILING ITEM MUST BE REPAIRED REQUIRING A NEW INSPECTION OF ALL ITEMS AND A NEW FORM MUST BE COMPLETED.**

CHECK ✓ APPROPRIATE BOXES

A. MOTOR VEHICLE Note: PART III of this form must also be completed.

The only items that N/A may apply to are air bags, mudguards, reflectors and safety belts/shoulder harness if the item was not original equipment.

	PASS	FAIL	N/A		PASS	FAIL		PASS	FAIL	N/A
Windshield	<input type="checkbox"/>	<input type="checkbox"/>		Headlights	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	
Side Glass	<input type="checkbox"/>	<input type="checkbox"/>		Taillights	<input type="checkbox"/>	<input type="checkbox"/>	Muffler	<input type="checkbox"/>	<input type="checkbox"/>	
Rear Glass	<input type="checkbox"/>	<input type="checkbox"/>		Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	Mudguards (over 26,000 lbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>		Parking Lights	<input type="checkbox"/>	<input type="checkbox"/>	Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	
Steering	<input type="checkbox"/>	<input type="checkbox"/>		Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Brake	<input type="checkbox"/>	<input type="checkbox"/>	
Air Bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	<input type="checkbox"/>	Safety Belts, Shoulder Harness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frame	<input type="checkbox"/>	<input type="checkbox"/>					Reflectors (low speed veh. only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain) _____								<input type="checkbox"/>	<input type="checkbox"/>	

B. MOTORCYCLE Note: PART III of this form must also be completed.

	PASS	FAIL		PASS	FAIL		PASS	FAIL
Horn	<input type="checkbox"/>	<input type="checkbox"/>	Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	Brake Light	<input type="checkbox"/>	<input type="checkbox"/>
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	Taillight	<input type="checkbox"/>	<input type="checkbox"/>	Fenders	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	Mufflers	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors	<input type="checkbox"/>	<input type="checkbox"/>

Before signing below all items must be marked pass indicating item is in a safe operating condition.

If Part I is not completely filled out the Department of Motor Vehicles will not accept this document.

Please Print or Type

Legal Business Name _____
Name _____ DMV Business License Number _____

Address _____
City _____ State _____ Zip Code _____

By signing this document, I certify the described vehicle has been satisfactorily repaired to the applicable standards commonly used in the motor vehicle repair industry, is mechanically safe to operate, and is equipped with all required devices **per section A or B** necessary for safe operation upon the highway. I further certify that if repaired, the passenger restraint devices, to include seat belts and/or airbags, were repaired pursuant to Title 49 CFR 571.209, Standard 209, and Title 49 CFR 571.208, Standard 208, respectively.

Note: For a Specially Constructed Vehicle (i.e. kit car) I am only verifying the integrity of the safety equipment.

Full Legal Name of Affiant _____ Signature and Position _____ Date _____
RD-64 (Rev. 1/05)

PART II**Completed by an Authorized Nevada DMV Representative**

(To Be Completed in Conjunction With Section A and B of Part I - if Applicable)

Note: Attach copies of any title or purchase documents, supplied by owner, showing information of components used from other vehicles.

VIN & Part _____ VIN & Part _____

VIN & Part _____ VIN & Part _____

VIN Number indicated in Part I Verified _____

Vehicle Inspection Fee ☐

DMV Assigned VIN or Kit Manufacturer's VIN _____

VIN Assignment Fee ☐

Reason VIN assigned _____

Additional comments: _____

Printed Name of Authorized Nevada DMV Representative _____ Signature of Authorized Nevada DMV Representative _____ ID NO. _____ Date _____

PART III**AFFIDAVIT OF CONSTRUCTION FOR REBUILT, RECONSTRUCTED OR****ASSEMBLED MOTOR VEHICLE**

The undersigned, being duly sworn upon oath, deposes and says they are the owner of the vehicle listed below.

This vehicle was rebuilt or built from parts and materials on hand, or parts and materials purchased from a supplier, or a manufactured kit purchased from a supplier, or purchased "as is" from a builder, or otherwise lawfully acquired. The affiant or registered owner makes this affidavit as part of an application to the Nevada Department of Motor Vehicles for a Certificate of Registration and/or a Certificate of Title. The undersigned will indemnify and save harmless the State of Nevada on account of the issuance of a Certificate of Registration and/or Certificate of Title for said vehicle.

☐ Vehicle was built from parts/material on hand☐ Vehicle was assembled from manufactured kit☐ Vehicle was built from purchased parts/material, receipts attached☐ Vehicle was purchased "as is" from builder_____
Year Make (if a manufactured kit) Model Type No. of axles**Please Print or Type**Affiant's Full Legal Name _____
First Middle LastAffiant's Address _____
City State Zip Code

Affiant's Signature _____ Date _____

Printed name of Authorized Nevada DMV Representative _____ Signature of Authorized Nevada DMV Representative _____ ID No. _____ Date _____